



**Upward Bound Math and Science**  
***Internship Placement Verification Form***  
***\*UBMS COPY\****

Student Name: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Intern Job Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours:	Monday	Tuesday	Wednesday	Thursday	Friday
	_____	_____	_____	_____	_____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

*Please submit this form by 4/30/15 directly to Ms. Bell, via fax to (919) 718-7290, or via mail to Upward Bound Math and Science, TRiO Programs, CCCC, 1105 Kelly Drive, Sanford, NC 27330*